



INDIVIDUAL RETROSPECTIVE RATING PLAN AGREEMENT

Employer, please complete all blanks

Indicate plan choice: <input type="checkbox"/> Plan A <input type="checkbox"/> Plan A1 <input type="checkbox"/> Plan A2 <input type="checkbox"/> Plan A3 <input type="checkbox"/> Plan B	Indicate maximum premium ratio selected: <table border="0"> <tr> <td><input type="checkbox"/> 1.05</td> <td><input type="checkbox"/> 1.30</td> <td><input type="checkbox"/> 1.60</td> </tr> <tr> <td><input type="checkbox"/> 1.10</td> <td><input type="checkbox"/> 1.35</td> <td><input type="checkbox"/> 1.70</td> </tr> <tr> <td><input type="checkbox"/> 1.15</td> <td><input type="checkbox"/> 1.40</td> <td><input type="checkbox"/> 1.80</td> </tr> <tr> <td><input type="checkbox"/> 1.20</td> <td><input type="checkbox"/> 1.45</td> <td><input type="checkbox"/> 2.00</td> </tr> <tr> <td><input type="checkbox"/> 1.25</td> <td><input type="checkbox"/> 1.50</td> <td></td> </tr> </table>	<input type="checkbox"/> 1.05	<input type="checkbox"/> 1.30	<input type="checkbox"/> 1.60	<input type="checkbox"/> 1.10	<input type="checkbox"/> 1.35	<input type="checkbox"/> 1.70	<input type="checkbox"/> 1.15	<input type="checkbox"/> 1.40	<input type="checkbox"/> 1.80	<input type="checkbox"/> 1.20	<input type="checkbox"/> 1.45	<input type="checkbox"/> 2.00	<input type="checkbox"/> 1.25	<input type="checkbox"/> 1.50		Firm name, mailing address & location
<input type="checkbox"/> 1.05	<input type="checkbox"/> 1.30	<input type="checkbox"/> 1.60															
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<input type="checkbox"/> 1.25	<input type="checkbox"/> 1.50																
Indicate coverage period Jan 1 through Dec 31 <input type="checkbox"/> (Dec 15) Apr 1 through Mar 31 <input type="checkbox"/> (Mar 15) Jul 1 through Jun 30 <input type="checkbox"/> (Jun 15) Oct 1 through Sep 30 <input type="checkbox"/> (Sep 15) Note: This agreement must be postmarked no later than the due date indicated above. If the due date falls on a weekend or official holiday, it must be postmarked no later than the next business day.		Firm's E-mail address DBA (Doing business as) UBI (Unified Business Identifier) Employer Account ID (8 digit) including all sub/related accounts Employer contact person's name 															
Department's outside authorized representative of firm (if any)		Employer contact person's phone number															
<p><i>As owner, partner or corporate officer of the above business, I would like to enroll in the retrospective rating plan indicated above. Upon acceptance of this agreement by L&I, I understand and agree that:</i></p> <ul style="list-style-type: none"> • This agreement will be in effect for the entire coverage period indicated above and for each of the subsequent adjustments required by WAC. • Unless I notify L&I in writing prior to the first day of each subsequent coverage period, L&I will automatically re-enroll my business in the same plan, maximum premium ratio and coverage period. In the event that I want to change plans, maximum premium ratio or coverage period I must complete a new agreement form and submit it to L&I by the due date indicated above. • I will maintain my industrial insurance account in good standing and will comply with L&I laws, rules and regulations. <p>NOTE: This agreement cannot be changed without the express written consent of L&I.</p>																	
The signature of an owner, partner or corporate officer of the above referenced employer authorized to enter in this agreement is required for the employer to participate in retro.																	
Date signed	Employer's name (print)	Employer's signature															

Return original & yellow copies to L&I. Retain pink copy for your file.

If using a window envelope, please check to ensure address below shows through window.

Phone (360) 902-4851

Department of Labor & Industries
Retrospective Rating
PO Box 44180
Olympia WA 98504-4180

**A countersigned copy will be returned to you upon acceptance in a retrospective rating plan
Department Use ONLY**

Agreement postmarked	Effective date of coverage	Date signed
Date stamp	Comments	
Retrospective rating program administrator (print)		Retrospective rating program administrator (signature)